

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF INDUSTRIAL ACCIDENTS

**REVIEW CRITERIA**  
**EFFECTIVE JULY 1, 1993**

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**CRITERIA NUMBER 7 - ANTERIOR ACROMIONECTOMY  
FOR ACROMIAL IMPINGEMENT SYNDROME  
SHOULDER**

**I. Narrative Description:**

A. Anterior Acromionectomy

**II. History/Symptoms:**

A. Must meet the following:

1. Failure to improve with four to six months of conservative treatment; **and**
2. Pain with active arc motion 90-130 degrees; **and**
3. Pain at night

**AND**

**III. Physical Findings:**

A. Positive impingement test and relief of pain with anesthetic injection

**AND**

**IV. Radiologic Findings:**

A. Coraco-acromial x-ray to document status of bony arch.

**V. Special Instructions:**

A. *None*

**VI. Level of Care Required:**

A. *Inpatient - But arthroscopic repair may not require an inpatient stay.*